CENTER FOR STUDENT SUCCESS - REGISTRAR
PARENT REQUEST FOR VERIFICATION

Calvin UNIVERSITY 1876

Personal information *(please print)*

	Last	First	MI	
STUDENT -				Student phone or e-mail
PARENT -	Last	First	MI	Student ID *(if known)*
Signature	I hereby acknowledge that the student named above is my dependant, as defined by the IRS			Parent e-mail
X				Parent phone

Information to be included in an official letter

Standard student verification requests will include:

1) Name and date of birth	3) Semester dates	5) Past/current registration
2) Major	4) Credits completed	6) Full time/part time status

Standard verification requests take 1-3 business days. Additional information may be noted here:

_____

_____

_____

Delivery method

Select **one** delivery method:

[ ] Office pick up
[ ] Mail
[ ] E-mail
[ ] Fax

Send to Address _____
_____
_____
_____

Submission Information

Fax	616-526-8513	**Mail**	Center for Student Success - Registrar
E-mail	successcenter@calvin.edu		3201 Burton St SE
Phone	616-526-6155		Grand Rapids MI, 49546

Office Use

Rec'd	Date	Initial	Sent	Date	Initial	Notes